



**APACHE COUNTY PUBLIC HEALTH SERVICES DISTRICT**  
**Environmental Health**  
P. O. Box 697  
St. Johns, Arizona 85936  
Phone: (928) 337-7607

## **Food Establishment Permit Application**

(per AZ Admin Code R9-8-105)

**\*\*This application can only be completed once you have received a letter of authorization following a plan review or to renew an existing permit. The proper permit fee must be included with this application.\*\***

**Per ARS § 41-1080 After September 30, 2008, an agency or political subdivision of this state shall not issue a license to an individual if the individual does not present any of the following documents to the agency or political subdivision indicating that the individual's presence in the United States is authorized under federal law:**

1. An Arizona driver license issued after 1996 or an Arizona nonoperating identification license.
2. A driver license issued by a state that verifies lawful presence in the United States.
3. A birth certificate or delayed birth certificate issued in any state, territory or possession of the United States.
4. A United States certificate of birth abroad.
5. A United States passport.
6. A foreign passport with a United States visa.
7. An I-94 form with a photograph.
8. A United States citizenship and immigration services employment authorization document or refugee travel document.
9. A United States certificate of naturalization.
10. A United States certificate of citizenship.
11. A tribal certificate of Indian blood.
12. A tribal or bureau of Indian affairs affidavit of birth.

**If your business is licensed to an individual (not a corporation or LLC), you must provide a copy of one of the above forms of identification.**

**I have provided a copy of # \_\_\_\_\_ from the list above verifying my presence I the United States is authorized under federal law.**

*Please print or type:*

**Food Establishment Name:** \_\_\_\_\_

Street address of food establishment: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Establishment phone: \_\_\_\_\_

**Full Name of license/permit holder:** \_\_\_\_\_

Mailing Address of license/permit holder: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

License holder phone: \_\_\_\_\_

Cell phone or second phone number: \_\_\_\_\_

***For Office Use Only***

Date Received: \_\_\_\_\_ Permit Number Assigned: \_\_\_\_\_

Fee Paid: \_\_\_\_\_

Receipt Number: \_\_\_\_\_